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I. TITLE OF RE	PORT (if a	fill-in report inclu	de Form No.)		······································	2. TYP		ATISTICAL	
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3. FUNCTIONAL AREA		LOGISTICS		TRAINING SECURITY			ADMIN. GENERAL		
		MEDICAL				OTHER	OTHER (specify)		
4. NO. OF COPIES PREPARED			FINANCE FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not			
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4		Semi-Annual			3				
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		ed For Release 200	16/11/13: CIA	NG INFORMAT -RDP75-00	10N 3399R 0	001001401	160-5	18. EXTENSION	
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